2012

ProviderConnect™ Guide

NYCBHO

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OptumHealth

ProviderConnect^{TM} Guide

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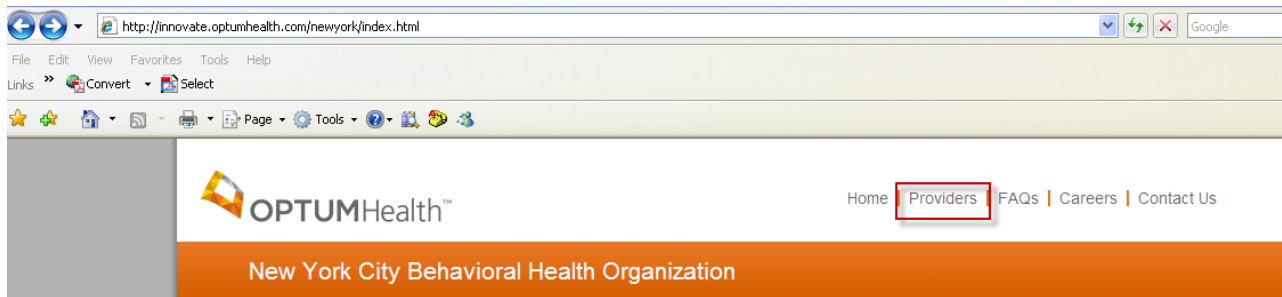# Logging In to ProviderConnect™
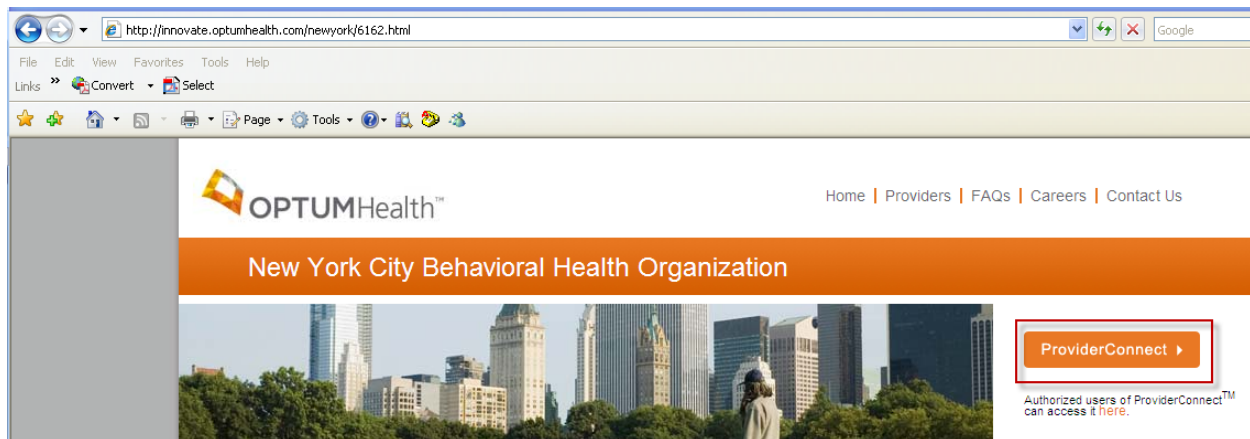
Site location:
http://www.optumhealthnyc.com/

Click the link or copy and paste it into the address bar of Internet Explorer.

Once you have entered the website listed above:

1. **Click** Providers Link in the Upper Right Hand corner

2. **Click** ProviderConnect link

Login Screens

1. Secure Login Screen. **Enter User ID and Password**. If you do not have a user ID and password you can call the **Help Desk at 1-866-505-3398 Option 4**

2. **Click** Continue

In the ProviderConnect™ News Section (see picture below) there will be updates posted to the system. Please check frequently for news and updates to the system.

3. **Click** Skip to Main Menu

	No.	Date	News
-	1.	12/23/2011	Your Care Advocates are: Tom Smith Terry Sample Sam Sands
	2.	12/11/2011	Welcome to ProviderConnect

<< Previous Page

Skip to Main Menu

About ProviderConnect v2.173

4. You should now be in the **Main Menu**

You are logged in as:	Train03
Your last login was:	4/11/2012 11:31:00 AM

Main Menu - Provider		
Lookup Client	Add New Client/Client Search	Change Password
Documentation	News	

Logout / Exit

Add New Client/Client Search

First Time or Faxed-Called In Clients

You will use the **Add New Client/Client Search** link if this is the first time for entering in the client information **OR** if you initially faxed or called in the client information.

You are logged in as:	Train03
Your last login was:	4/11/2012 11:31:00 AM

Main Menu - Provider		
Lookup Client	Add New Client/Client Search	Change Password
Documentation	News	

Logout / Exit

Once you have clicked the **Add New Client/Client Search** you will be in the Search Criteria screen.

1. Last Name and Medicaid ID are **REQUIRED** fields.

2. Enter the **Last Name and Medicaid ID** and click **Search by Criteria**

3. If **No Clients Found** appears you can click to **Create New Admission**.

HOWEVER: You may be creating a duplicate client. PLEASE CALL FIRST BEFORE CREATING A CLIENT

NOTE: if you feel that the client should be located based on your search criteria make sure that the Last Name is spelled correctly and you have the correct Medicaid ID. If it is correct and you are certain that you had faxed or called in the client information please call the **IT Help Desk at 1-866-505-3398 Option 4** for assistance in locating your client.

Admission Information Form

The **Provider Admission Form** is the first step in the admission process when creating a new client admission. In the form you will fill out the admission information and the demographics fields.

Required Fields include:

Type of Admission
Sex
Date of Birth
Program (Choose Default)
Social Security Number (if none type: 111-11-1111)
Medicaid ID (pre-populated from Search criteria)
Client First Name
Client Last Name (pre-populated from Search criteria)
County of Residence

Admission Information	
Episode Number 1	**Treatment Service** -Please Choose One-
Type of Admission -Please Choose One- *	**Sex** ○ Female - F ○ Male - M
	Date of Birth
Age	**Admitting Practitioner** - Please Choose One -
Attending Practitioner - Please Choose One -	**Program** -Please Choose One- *
Medicaid ID XY123456Z	**Social Security Number**

Demographics	
Client Last Name Doll	Cli
Client First Name	Cli
Client Address Line 1	Cli
Client Address - City	Cli -F
Client Address - Zip Code	Cli -F

After completing the information Click: **Save Admission** at the bottom of the screen and return to the **Main Menu to Lookup the client** and continue completing the admission process. See Page 9.

4. **If you find the client** you can click on the Member number to the left of the name so that you can move to the next step to completing the admission process.

Search Criteria	
Last Name:	Doll
First Name:	
Social Security Number:	
Date of Birth:	
Medicaid ID:	XY123456Z
Sex:	○ Female - F ○ Male - M ○ Unknown - U

Search by Criteria

Search Results		
ID	**Name**	**Score**
736	BARBIE DOLL	99

NOTE: if you did not find your client based on your search criteria make sure that the Last Name is spelled correctly and you have the correct Medicaid ID. If it is correct and you are certain that you had faxed or called in the client information please call the IT Help Desk at 1-866-505-3398 Option 4 for assistance in locating your client to avoid creating duplicates.

NOTE: If you enter a Date of Birth as a part of the Search Criteria, you will now need to enter a four digit year: MM/DD/YYYY

Search Criteria	
Last Name:	Doll
First Name:	
Social Security Number:	
Date of Birth:	01/04/66
Medicaid ID:	
Sex:	○ Female - F ○ Male - M ○ Unknown - U

Windows Internet Explorer

⚠ Please enter data in the following format(s):

MM/DD/YYYY

OK

Lookup Client

Previously Entered Clients

You will use the **Lookup Client** link if you or your colleagues have previously entered a client within ProviderConnect.

1. Click the **Lookup Client** link from the Main Menu

You are logged in as:	Train03
Your last login was:	4/11/2012 11:31:00 AM

Main Menu - Provider		
Lookup Client	Add New Client/Client Search	Change Password
Documentation	News	

Logout / Exit

2. The **Lookup Search** criteria fields are **NOT** required. The Member ID is the Optum number assigned to the client within ProviderConnect.

Search Criteria	
Member ID:	
SSN:	
First Name:	
Last Name:	
Date of Birth:	
Agency:	TEST,NEW YORK

Note: Only clients with authorization requests, pended or approved authorizations, and/or provider-initiated Admissions will display.

Search by Criteria

    A. If Not found you may create a New Client:

HOWEVER: You may be creating a duplicate client. PLEASE CALL FIRST BEFORE CREATING A CLIENT

NOTE: if you feel that the client should be located based on your search criteria make sure that the Last Name is spelled correctly and you have the correct Medicaid ID. If it is correct and you are certain that you had faxed or called in the client information please call the **IT Help Desk at 1-866-505-3398 Option 4** for assistance in locating your client.

3. By choosing not to add any criteria you will have a complete list of clients. To narrow the search you may add criteria within the search fields (but not required**). Now you can click the Member number to enter information into the Matrix.**

NOTE: There will also be a field to search by Medicaid ID Number

723	tuna	charles	TEST,NEW YORK
724	Jagger	Mick	TEST,NEW YORK
725	Richards	Keith	TEST,NEW YORK
726	bowery	joe	TEST,NEW YORK
727	queen	lilly	TEST,NEW YORK
728	want	donna	TEST,NEW YORK
729	hill	Bea	TEST,NEW YORK
734	offer	happy	TEST,NEW YORK
735	park	nat	TEST,NEW YORK
736	Doll	Barbie	TEST,NEW YORK

Individual Information Matrix

The individual information matrix contains the client's clinical information that you fill out and submit. **Once you have added or located your client you will want to complete the individual information matrix.** By clicking the member number within your search criteria you will be taken to the Demographic screen.

1. To access the Matrix click the **New York Individual Information Matrix** link on the left side:

Add New Record

Each transaction type (Initial Admission, Concurrent, Discharge) **you must click the Add New Record** button each time for the form to open the fields **then choose the transaction type**

Section I Admission

Note: Record Status should be ACTIVE. If selecting a record and INACTIVE appears you are in the incorrect record. This field remains grayed out. Section I of the Matrix is the Admission section.

1. **Click Add New Record you will activate Section I.**

2. **You will then want to begin filling out the required fields listed below.**

Transaction Types

This is a NEW required field. Each option available is dependent on the current transaction of the patient. Each new record you will want to select the appropriate transaction type to allow the specific section to display the required fields necessary to submit the Matrix.

Admission
This is the initial admission of the client. By selecting Admission this will activate Section 1 content.
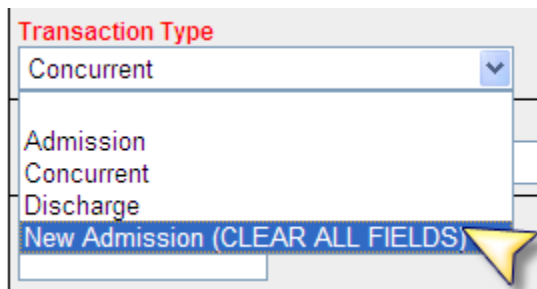
Concurrent
This is the continued stay of the client. By selecting Concurrent this will activate Section 2 along with Section 1 content.

Discharge

This is the release of the client. By selecting Discharge this will activate Section 3 along with Section 1 and Section 2 content.

New Admission: Clear All Fields

This is the readmission of the client. By selecting New Admission: Clear All Fields this will clear fields within the form except for a few fields. This does NOT delete prior submitted data.

Oasas Consent

Answer yes or no to the question: Is there an OASAS consent on file?
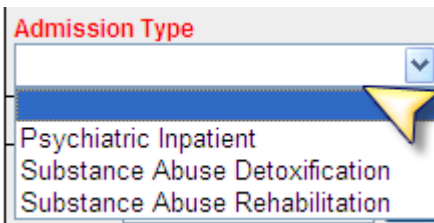
Other Required Fields

Date of Admit: Month/Day/Year of Admission. You can press: **Today** or **Yesterday** button to input date

Admission Type: Inpatient, Detox, Rehab

Axis I Primary: enter in the Search box either the **diagnosis name or the DSM code** and click Search to activate the drop down box. Select from the drop down box the appropriate diagnosis.

Reason For Admission (Why now?) and Other Text Fields

SEE PAGE 19 FOR STEP BY STEP INSTRUCTIONS OF AXIS I INPUT
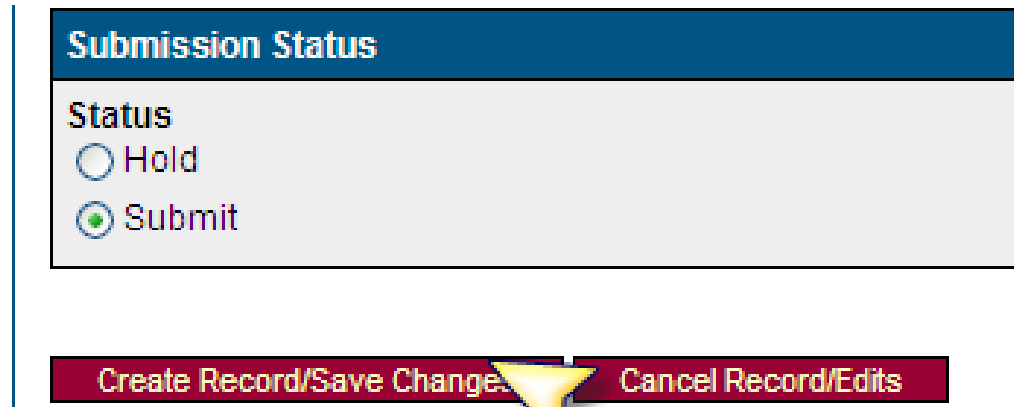
Reason(s) for Admission (Why Not?): Why does the patient need this level of care?

Readmission for MH within 30 Days of SA within 45 days: Yes or No

If Answering YES to Readmission for MH within 30 days or SA within 45 days will require to answer the question: Readmission to Same Facility?

3. Make sure to Submit the Admission. The submit button is at the bottom of the page. Click Create Record/Save Changes

Section II Concurrent Review

Section II is the concurrent review. You will want to fill this section out after completing and submitting the Initial Admission.

1. Click **Add New Record**

2. All of Section I will be pre-populated from the previous submission.

3. By choosing **Concurrent** in the **Transaction Type** you will activate this section. You will want to fill out the required fields.

Required Fields

Physical and Behavioral findings
Current Status of Individual including mental status results
Axis I Primary

Section II Concurrent Review
Physical and Behavioral assessment findings
Current status of individual including mental status results
Current Diagnosis(es)
Axis I Primary
Search for: [   ] Search

Is there a co-occurring behavioral health disorder
Is this being addressed in the treatment plan
Is this being addressed in the discharge plan
Is there a co-morbid medical condition
Is this being addressed in the treatment plan
Is this being addressed in the discharge plan
Details

Is there a co-occurring behavioral health disorder?
- ○ No
- ○ Yes

Detail

Is this being addressed in the treatment plan?
- ○ N/A
- ○ No
- ○ Yes

Detail

Is this being addressed in the discharge plan?
- ○ N/A
- ○ No
- ○ Yes

Detail

Is there a co-morbid medical condition?
- ○ No
- ○ Yes

Detail

Is this being addressed in the treatment plan?
- ○ N/A
- ○ No
- ○ Yes

What has worked in the past for treatment of individual
What strengths individual/family system have to build on
Status/Progress with Treatment Plan
Has a Wellness Recovery Action Plan (WRAP) been initiated
Preliminary Discharge Plan

What has worked in the past for treatment of individual?

What strengths individual/family system have to build on?

What is being done differently this time?

Status/Progress with Treatment Plan

If case management is needed and individual is not currently enrolled,

Referral made?

Has a Wellness Recovery Action Plan (WRAP) been initiated?

If no, why?

Preliminary Discharge Plan

Referral to local peer/family services programs/supports
Individual involved in discharge planning
Individual's family involved in Discharge Planning
Contact with medical provider(s)
Contact with behavioral provider(s)
Is the individual enrolled in Managed Care
Is the individual enrolled in a Health Home
Case Manager/Care Coordinator Engaged in hospitalization

Referral to local peer/family services programs/supports

Individual involved in discharge planning?

Individual's family involved in Discharge Planning
○ No
○ Yes

Contact with medical provider(s)

Detail

Contact with behavioral provider(s)

Detail

Is the individual enrolled in Managed Care?

Is the individual enrolled in a Health Home

Did the individual have care coordinator prior to admission?

Case Manager/Care Coordinator Engaged in hospitalization?

4. Be sure to Submit. Click Create Record/Save Changes at the bottom of the page

Current Medications

Current Medications is located in Section II of the Matrix **but can be filled out at any time** throughout the reviews (Initial: Section I, Concurrent: Section II, Discharge: Section III). In order to include medications:

1. Go to Current Medications in Section II. Click **Add New Record**

2. Locate the **Name** of the medication in the drop down.

3. If not found, type the name of the medication in the **Name box**

4. Type the **Dosage**

5. Type the **Frequency**

NOTE: Click Add New Record AGAIN to add another medication to the list. The last one entered will not show in the list until you submit the record.

	Add New Record
Name	
ABILIFY	
Name (not listed)	
Dosage	
5 mg	
Frequency	
1x/day	
Discontinued?	
○ No	
○ Yes	

	Name	Name (not listed)	Dosage	Frequency
Select	ABILIFY		5 mg	1x/day
Delete				

Section III Discharge Content

Section III of the Matrix is the discharge plan. In order to activate the discharge **you must first click Add New Record** and then choose the **Transaction Type**: **Discharge.** Complete the required fields:
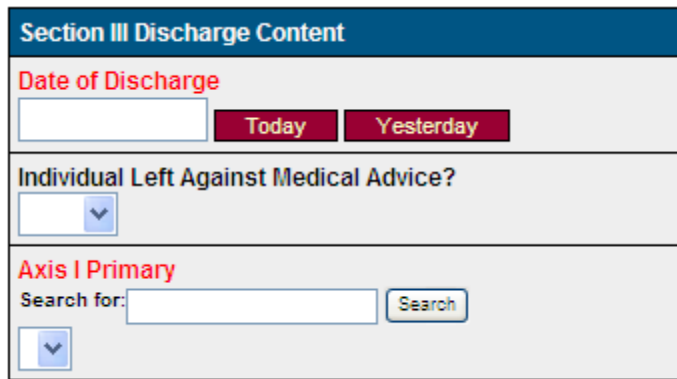
Required Fields

Date of Discharge:
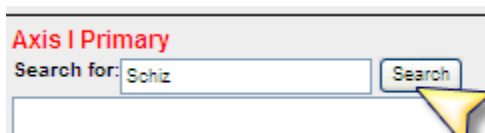You can click **Today** or **Yesterday** Buttons

Axis I Primary
Be sure to enter the diagnosis name or code number and Click **SEARCH** to activate the drop down. You must choose from the drop down box

1. Type the letters or the diagnosis code into the search box, and then press **Search**

2. The drop down appears with a list of diagnosis codes to choose from

Axis I Primary

Search for: Schiz   [Search]

(295.10) SCHIZOPHRENIA, DISORGANIZED TYPE
(295.20) SCHIZOPHRENIA, CATATONIC TYPE
(295.30) SCHIZOPHRENIA, PARANOID TYPE
(295.40) SCHIZOPHRENIFORM, DISORDER
(295.60) SCHIZOPHRENIA, RESIDUAL TYPE
(295.70) SCHIZOAFFECTIVE DISORDER
(295.90) SCHIZOPHRENIA, UNDIFFERENTIATED TYPE

Case summary and D/S plan sent to the O/P Provider

Case summary and D/S plan sent to the O/P Provider?

No

Has individual been provided a written Crisis Plan
If under 18 linkage with other systems

Has individual been provided a written Crisis Plan?

No

If no, why?

**If under 18 linkages with other systems?**

N/A

Appointments at Discharge: County will be required

New Required Questions Added

Individual involved in discharge planning?

Individual's family involved in discharge planning?
○ No
○ Yes

Moved these two questions from
Section II Concurrent Review to
Section III Discharge

Contact with medical provider(s)

Detail

Individual involved in discharge planning? ☐ ▼ *These 2 moved from Concurrent*	Individual's family involved in discharge planning? ○ No ○ Yes
Was an AOT petition filed? ○ NA ○ No ○ Yes *Outcome required if Yes to Was an Aot Petition*	AOT Petition Outcome ▼
Has a SPOA application been submitted? ○ NA ○ No ○ Yes *Services required if Yes to Has a SPOA App been submitted*	Services requested in the SPOA application? ▼
Did DC plan include follow up services for all needs? ○ NA ○ No ○ Yes *If no, what was lacking Required if "No" to Did DC plan include follow up services for all needs*	If no, what was lacking? ☐ Case Management ☐ Coordination with Child Welfare ☐ Coordination with Educational System ☐ Coordination with Juvenile Justice Sys ☐ Identified Housing ☐ Medical Care ☐ Medication Supply ☐ Peer Support
If under 21, did the D/C plan address multi-system needs? ○ NA ○ No ○ Yes	If under 21, did D/C plan address home environment? ○ NA ○ No ○ Yes
If under 21, did the D/C plan address DSS/ACS involvement? ○ NA ○ No ○ Yes	If under 21, did the D/C Plan address educational needs? ○ NA ○ No ○ Yes

Readmission

When a patient has been discharged and needs to be readmitted you will need to submit a new admission. This can be done in these simple steps:

1. Click **Add New Record**

	Date of Admit	Data Entry By Login	Provider	Admission Type	Date of Discharge
New York Individual Information Matrix Items					
Select	04/17/2012	CARELINKUSER	30	Psychiatric Inpatient	
Select	04/17/2012	CARELINKUSER	30	Psychiatric Inpatient	
Select	04/17/2012	CARELINKUSER	30	Psychiatric Inpatient	04/17/2012

Add New Record

2. The previous data will be populated into the fields. Select **Transaction Type**: **New Admission: Clear All Fields**. This will clear most of the form fields previously entered. It will not delete or remove data that has been previously submitted.

Transaction Type

Concurrent

Admission
Concurrent
Discharge
New Admission (CLEAR ALL FIELDS)

3. Continue entering the information into Section 1 and Submit.

Help Desk/Assistance

The IT Help Desk is available for support Monday through Friday 8 AM to 5 PM EST. Please call the Help Desk with your questions, issues or concerns to **1-866-505-3398 Option 4**